

The Use of Forceps during Labor

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About the author:

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When it comes to giving birth, there are several different methods to choose from, such as vaginal delivery, assisted vaginal delivery with a vacuum, assisted vaginal delivery with forceps, cesarean deliver with no labor, and cesarean deliver with labor (Thompson, Roberts, Currie, and Ellwood, 2002). Additional methods that are a possibility during labor are an episiotomy, artificial rupture of membrane, elective induction of labor, and fundal pressure to shorten the second stage of labor (Simpson and Thorman, 2005). Many people have their own opinion as to which is the best and safest method. One method that brings up some controversy and ethical discussion, regarding beneficence and nonmaleficence, is whether or not it is more harmful or helpful to the mother and/or baby to have assisted vaginal delivery with forceps.

Hudelist et al (2005) described how forceps delivery is a delicate method that requires precise understanding of the station and presentation of the descending caput and that poor training and knowledge of this method can lead to a higher risk of perineal damage. So it is very important that proper teaching and understanding of how to use forceps is achieved. This may be a possible contributing factor as to why the research by Caughey et al (2007) described how obstetric forceps has decreased in its use since the late 1980s. Simpson and Thorman (2005) stressed the importance of mothers clearly knowing the full benefits, risks, and alternatives of obstetrical interventions, such as with the use of forceps, and practicing their autonomy in making their own decisions, with the father, regarding childbirth. The purpose of this paper is to outline the ethical dilemma of whether forceps delivery is beneficent and nonmaleficent to the mother, or not, through the description of risk factors and benefits of forceps delivery. The parents' use of autonomy in deciding which method is best for them, as well as describing the nurse's role as the patient advocate are other topics discussed in this paper.

Review of Literature

A forcep delivery involves the usage of an instrument that grasps, holds firmly, or exerts traction upon the object especially during a delicate operation (Forceps, 2007-2008). Obstetric forceps are used for grasping the fetal head to facilitate delivery during complicated labor (Obstetric forceps, 2007-2008). Indications for the use of forceps during labor are when the fetal head is engaged and the cervix is fully dilated, but it is more often used for convenience to shorten the second stage of labor (Simpson & Thorman, 2005). Guido (2006) described autonomy as an individual freedom, self-determination, and the right to choose what happens to one's self, beneficence as actions that should promote good, and nonmaleficence as the result of beneficence with the aim of doing no harm, as well as not inflicting pain or suffering on others.

Simpson and Thorman (2005) discussed the many risk factors associated with the use of forceps as increased maternal perineal trauma with tearing of soft tissue tears, third and fourth degree perineal lacerations, anal sphincter disruption, and pelvic floor injuries. Risk factors for the infant discussed include scalp lacerations, cephalohematoma, subgaleal hematoma, intracranial hemorrhage, hyperbilirubinemia, retinal hemorrhage, corneal abrasions, external ocular trauma, and neurologic abnormalities.

Other risk factors are outlined in a study with 2,075 (50.4%) women who delivered by forceps and 2,045 (49%) delivered by vacuum-assisted, third or fourth degree laceration rates were higher (36.9%) in forceps deliveries compared with vacuum-assisted deliveries (26.8%). In the same study it was found that vaginal lacerations, cervical lacerations, and facial nerve palsy were higher among the women who had forceps deliveries (Caughey et al, 2005). Thompson et al. (2002) explained how there is an increased risk for perineal pain and sexual dysfunction, thus resuming sexual intercourse much later compared with other methods, with the use of forceps

during delivery. The use of forceps, perineal trauma, increasing age, primiparity, heavier and longer babies, longer labors, and epidural are listed, by Williams, Herron-Marx, and Knibb (2007), as risk factors of stress urinary incontinence in women. The results of this study, were that women following forceps deliveries experienced more perineal pain, continual urinary incontinence, stress urinary incontinence, urge urinary incontinence, loss on sensation urinary incontinence, flatus incontinence and liquid fecal incontinence. In the conclusion of this study it was stated that instrumental births, such as forceps, should be avoided whenever possible.

Benefits of forceps delivery, as researched by Caughey et al (2005), found that amongst 2,075 (50.4%) women who delivered by forceps and 2, 045 (49%) who delivered by vacuum-assisted, shoulder dystocia of the infant was lower with women who underwent forceps delivery (1.5%) compared to the women who underwent vacuum assisted vaginal delivery (3.5%).

Damron and Capeless (2004) concluded in their research that forceps correlated with higher success rates compared with vacuum-assisted delivery for occupant anterior and posterior cases.

Nurses play an important role as the patient advocate. They are there to help the mother and father with any questions or concerns they may have and to provide clear information and guidance. After the mother and father have made their decision, as the advocate, the nurse is there to respect their decision and to support them through promoting autonomy and ensuring beneficence and nonmaleficence are carried out for their patient. Simpson and Thorman (2005) stated that, "There is a complex interrelationship between all parties involved in the labor and birth process, including the primary care providers (physicians and nurse midwives), staff nurses, the institution, and mothers and infants" (p. 134). They also go on to stress the importance of how safe care, assurance of beneficence and nonmaleficence, for mothers and infants should be a combined goal and priority and that obstetrical procedures and interventions should include clear

benefits for mothers and infants. Simpson and Thorman (2005) addressed how the nurses can be advocates for their patients during labor. They describe this by explaining how if a situation or problem should arise concerning a certain procedure that is about to take place, the nurse should practice beneficence and suggest to the primary care provider that they first talk to the patient before the procedure is initiated. Even though this may seem like a difficult task, it is important for the laboring mother who may not have the opportunity to do this herself.

Research performed by Scott, Klaus, and Klaus (1999) showed that the presence of a doula significantly increases the well-being of the mothers and their infants and reduces the need for obstetrical interventions during labor. Having someone there during labor, who had no previous relationship with the mothers, decreased duration of labor, need for pain relief medication, use of forceps or vacuum, and a five-minute Apgar score of less than seven. It is very important that women obtain support from a trained caregiver, such as nurses or midwives, so that each and every mother can profit from constant emotional and physical support during their labor process.

Conclusion

Amongst this research, there appears to be more risk factors than there are benefits to the use of forceps during delivery. But ultimately it is the mother and/or father's decision, through autonomy, as to which method they believe to be best for them in their given situation. It is very important that mothers and fathers research benefits and risk factors of each method carefully to ensure that they make an informed decision that is right for them. It is also important that doctors practice veracity by telling the patients the truth about each method as well as discussing their medical practices concerning each method.

Nurses play a very important role as the mothers' advocates concerning any questions they may have as well as providing information and guidance regarding the several methods and procedures available during labor and delivery. Nurses are also there to support and respect the parents and to initiate change when needed, as well as promote autonomy in the patients and ensure beneficence and nonmaleficence are followed out in the mother and baby's care.

Future research that would be helpful and informative in the area of forceps during delivery would be more studies that address the ethical issues of whether the use of forceps during labor is beneficent and nonmaleficent to the mother, through the research of potential benefits as well as more risk factors. This is especially important for the parents who want to know more about this specific area. There is still a lot of potential for future research and new findings in this area that would better inform parents as they practice autonomy, making their own decisions, concerning which method of labor and delivery they choose and decide works best for them.

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